

STATE OF LOUISIANA  
 Department of Civil Service  
 P. O. Box 94111, Capitol Station  
 Baton Rouge, Louisiana 70804-9111

## CLAIM FORM FOR VETERANS PREFERENCE FOR SPOUSE/PARENT

**Veterans:** Do NOT use this form to claim veteran's preference for yourself. Instead, submit a copy of your DD214 and, if applicable, a copy of your Veterans' Administration disability certification letter attached to a copy of your application for state employment (SF-10).

**ALL APPLICANTS:** Only one person may receive veteran's preference points: the veteran, the spouse of the veteran, the un-remarried widow/widower of the veteran, OR the parent of the veteran. This form is to be used ONLY by the: **spouse, unremarried widow or widower OR parent of a disabled or deceased veteran.**

**With this form, you must submit a copy of the veteran's DD214, any Veterans Administration statement of disability, a copy of your marriage certificate, a copy of the death certificate, if applicable, and your application.**

YOUR NAME (applicant): \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To the best of your knowledge, has anyone else (including the veteran) claimed preference for state employment based on the service of the veteran named below? Yes\_\_\_ No\_\_\_ If yes, list their names : \_\_\_\_\_

### **VETERAN INFORMATION**

Name of the veteran \_\_\_\_\_ SSN: \_\_\_\_\_

Branch of military service \_\_\_\_\_ Date of entry into service: \_\_\_\_\_

If veteran served during **peacetime only**, did he/she receive a campaign badge or service ribbon? Yes\_\_\_ No\_\_\_  
 In which campaign/action did he/she participate? \_\_\_\_\_

Has veteran applied within the past twelve months for employment with the state of Louisiana? Yes\_\_\_ No\_\_\_

Is the veteran deceased? Yes\_\_\_ No\_\_\_ If yes, the date of death \_\_\_\_\_

Is veteran receiving disability retirement from a branch of the armed forces? Yes\_\_\_ No\_\_\_

Does veteran have existing disability recognized by Veterans Administration as service connected? Yes\_\_\_ No\_\_\_

If yes, attach official statement from Veterans Administration, dated within the past 6 months, certifying disability.

Is veteran employed full-time? Yes\_\_\_ No\_\_\_ or part-time? Yes\_\_\_ No\_\_\_ Nature of employment before/after disability: \_\_\_\_\_

NOTE: For a spouse to receive preference, the disabled veteran must be unable to perform his/her usual occupation because of his/her disability. **A statement from the veteran's physician certifying this must be attached to this claim form.**

### **SPOUSE INFORMATION**

If you are the **spouse OR un-remarried widow or widower** of a disabled or deceased veteran, answer these questions:

1. Date of marriage \_\_\_\_\_
2. Are you currently married to this veteran? Yes\_\_\_ No\_\_\_ If no, answer these questions:
  - If you are divorced from the veteran, give the date of divorce \_\_\_\_\_.
  - If the veteran is deceased, were you married to him/her at the time of death? Yes\_\_\_ No\_\_\_
  - Have you remarried? Yes\_\_\_ No\_\_\_

### **PARENT INFORMATION**

If you are a **parent** of a disabled or deceased veteran, answer these questions:

1. Is the veteran your natural child \_\_\_ adopted child \_\_\_ stepchild \_\_\_
2. Are you still married to the veteran's mother/father? Yes\_\_\_ No\_\_\_
3. If divorced or widowed, have you remarried? Yes\_\_\_ No\_\_\_

All Applicants: Please be sure you have completed all information requested in the Veteran Information box above.